

WAC 296-62-14174, Appendix D, Sample A

Confined Space Entry Permit

Date & Time Issued: _____

Job Site/Space I.D.: _____

Equipment to be worked on: _____

Stand-by personnel: _____

Date & Time Expires: _____

Job Supervisor: _____

Work to be performed: _____

1. Atmospheric Checks: Time _____

Oxygen _____ %

Explosives _____ %L.F.L.

Toxic _____ PPM

2. Tester's signature _____

3. Source isolation (No Entry): N/A Yes No

Pumps or lines blinded, () () ()

disconnected, or blocked () () ()

4. Ventilation Modification: N/A Yes No

Mechanical () () ()

Natural Ventilation only () () ()

5. Atmospheric check after isolation and ventilation:

Oxygen _____ % >19.5%

Explosive _____ %L.F.L. <10%

Toxic _____ PPM <10 PPM H₂S

Time _____

Tester's signature _____

6. Communication procedures: _____

7. Rescue procedures: _____

8. Entry, standby, and back up persons: Yes No

Successfully completed required training? () ()

Is it current? () ()

9. Equipment: N/A Yes No

Direct reading gas monitor-tested () () ()

Safety harnesses and lifelines for entry and standby persons () () ()

Hoisting equipment () () ()

Powered communications () () ()

SCBA's for entry and standby persons () () ()

Protective Clothing () () ()

All electric equipment listed Class I, Division I, Group D and Non-sparking tools () () ()

10. Periodic atmospheric tests:

Oxygen	____%	Time	____	Oxygen	____%	Time	____
Oxygen	____%	Time	____	Oxygen	____%	Time	____
Explosive	____%	Time	____	Explosive	____%	Time	____
Explosive	____%	Time	____	Explosive	____%	Time	____
Toxic	____%	Time	____	Toxic	____%	Time	____
Toxic	____%	Time	____	Toxic	____%	Time	____

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____

Approved By: (Unit Supervisor) _____

Reviewed By: (Cs Operations Personnel) _____

(printed name)

(signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Entrants Name:	Sign In	Sign Out	Sign In	Sign Out
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WAC 296-62-14174, Appendix D, Sample B
Entry Permit

PERMIT VALID FOR 8 HOURS ONLY. ALL PERMIT COPIES REMAIN AT THE SITE UNTIL JOB COMPLETED.

DATE: - - SITE LOCATION/DESCRIPTION _____

PURPOSE OF ENTRY _____

SUPERVISOR(S) in charge of crews. Type of Crew Phone # _____

COMMUNICATIONS PROCEDURES _____

RESCUE PROCEDURES (PHONE NUMBER AT BOTTOM) _____

BOLD DENOTES MINIMUM REQUIREMENTS TO BE COMPLETED AND REVIEWED PRIOR TO ENTRY

REQUIREMENTS COMPLETED DATE TIME REQUIREMENTS COMPLETED DATE TIME

LockOut/De-energize/Try-out	_____	_____	Full Body Harness w/ "D" ring	_____	_____
Line(s) Broken-Capped-Blank	_____	_____	Emergency Escape Retrieval Eq.	_____	_____
Purge-Flush and Vent	_____	_____	Lifelines	_____	_____
Ventilation	_____	_____	Fire Extinguishers	_____	_____
Secure Area (Post and Flag)	_____	_____	Lighting (Explosive Proof)	_____	_____
Breathing Apparatus	_____	_____	Protective Clothing	_____	_____
Resuscitator – Inhalator	_____	_____	Respirator(s) (Air Purifying)	_____	_____
Standby Safety Personnel	_____	_____	Burning and Welding Permit	_____	_____

Note: Items that do not apply enter N/A in the blank.

****RECORD CONTINUOUS MONITORING RESULTS EVERY 2 HOURS****

CONTINUOUS MONITORING**	Permissible	_____
TEST(S) TO BE TAKEN	Entry Level	_____
PERCENT OF OXYGEN	19.5% TO 23.5%	_____
LOWER FLAMMABLE LIMIT	Under 10%	_____
CARBON MONOXIDE	+35 PPM	_____
Aromatic Hydrocarbon	+ 1PPM * 5 PPM	_____
Hydrogen Cyanide	(Skin) * 4 PPM	_____
Hydrogen Sulfide	+10 PPM * 15 PPM	_____
Sulfur Dioxide	+2 PPM *5 PPM	_____
Ammonia	*35 PPM	_____

* Short-term exposure limit: Employee can work in the area up to 15 minutes.

* 8 hr. Time Weighted Avg. Employee can work in the area 8 hrs. (longer with appropriate respiratory protection).

REMARKS: _____

GAS TESTER NAME & CHECK # INSTRUCTION(S) USED MODEL &/OR TYPE SERIAL &/OR UNIT #

SAFETY STANDBY PERSON IS REQUIRED FOR ALL CONFINED SPACE WORK

SAFETY STANDBY PERSON(S) CHECK# CONFINED SPACE ENTRANT(S) CHECK# CONFINED SPACE ENTRANT(S) CHECK#

SUPERVISOR AUTHORIZATION – ALL CONDITIONS SATISFIED DEPARTMENT/PHONE#

AMBULANCE# FIRE# SAFETY# GAS COORDINATOR#